

# Meeting Summary

## Task Force for Developing New Children's Instruments

### September 14, 1999

#### I. Review of the Children's Performance Outcome System Survey

A "Survey On Existing Children's Performance Outcome System" has been distributed throughout the state to county mental health directors, children's coordinators, consumer parent groups, children's evaluators, children's clinicians, data management staff, as well as any other applicable staff. The result of this survey will be discussed at the next task force meeting.

#### II. Multiple Agencies versus Inter-Agency Partnership Discussion

The concept of incorporating inter-agency collaboration into our performance outcome system continues to be of great interest. Since it has been established that there are benefits to having multi-agency involvement, the next step is to identify our goal by developing a purpose. A suggestion was made to create a "module approach". Perhaps it would be helpful to have a core mental health module plus different additional modules for local agencies. A concern was expressed regarding the complexities of developing a multi-agency track due to the fact that the Planning Council requires a collection of data that measures specific domains. One way to address this issue is to proceed with parallel tracks.

It is unanimously agreed upon that it would be a mistake to change the Children's Performance Outcome System without engaging in the process of working with multi-agency representatives. The process of working with and getting feedback from multiple agencies at various levels would be valuable; therefore, we must keep the process open and fluid. It must be noted, though, that actually achieving inter-agency collaboration is an extremely complex and time-consuming process that, in reality, may be difficult to achieve.

To promote a small multi-agency focused meeting, a motion was made to hold the next Children's Task Force meeting in Sacramento. Discussions can be held on topics such as 1) how changes to our system would affect other agencies and 2) what are the other agency's status for the development of a performance outcome system?

### III. Review and Discussion of Potential Instruments for the Revised Children's Performance Outcome System

Child Mental Health Outcome Measurements		
Instrument	Discussion	Examine Further
OHIO Scales	Public Domain (or very low cost) Not Normed	Yes <del>///</del> Would like to pilot both the long and short versions.
CIS	Public Domain Not Strength-Based No Family Information No Clinical Scales (Hard to get follow-up data)	Yes <del>///</del> Can we examine developing clinical versions? <del>///</del> Would need to do validation work. <del>///</del> We could look at it but we must be aware of what it involves. <del>///</del> Could we also consider adding additional items for strength based/family items?
BASC	Better Report than CBCL/YSR Clinical Reporting Tool	No
VFI	Not Strength-Based No Clinician Rating New Journal Article about positive item functioning (conclusion was that it did not work) Public Domain/Some Norms	No <del>///</del> Very Negative. <del>///</del> Offensive to Members.
CCAR	Clinician Only Need level of severity for risk adjustment.	Maybe
CSPI	To be examined in the future.	

#### Child Mental Health Outcome Measurements (continued)

BERS	<p>Multiple informants does work</p> <p>Copyrighted (not public domain)</p> <p>Site Licensed</p> <p>Scales Inter/Intra-personal strengths</p> <p>Proprietary software</p> <p>Not Public Domain</p>	<p><del>✓</del> May not answer Planning Council Domains.</p> <p><del>✓</del> Would be great for SB 63 (27-29 counties) as developed for the systems of care wrap around groups.</p> <p><del>✓</del> Would like to revisit point of time versus repeated measures and sampling versus larger population.</p> <p><del>✓</del> Focus groups with clinicians, etc.?</p>
<p>In addition to the above mentioned instruments, it was also recommended to look at the children's version of the MHSIP.</p>		

#### IV. Risk Adjustment

There was a short discussion regarding risk adjustment due to the fact that some Task Force members were not familiar with the concept. It is essentially defined as a means to adjust outcomes based on the "risks" that apply to a given individual (e.g., severity of mental illness). An assertion was made that a major weakness of the current system is its failure to demarcate the population by risk factors. Concerns pertaining to risk adjustment and the Children's Performance Outcome System included looking at variables, developing models, and recognizing different populations that are being served. A literature review is needed to develop a universal state set of risk adjustment variables.

#### V. Pilot Tests

Several questions were posed in reference to developing pilot tests for the new instruments. Should the pilot tests be administered only to new clients? How many should be administered? Would four hundred (400) be feasible? What are the questions we want to ask?

As a result of the Task Force member collaboration, it was determined that the following criteria should be rated when completing pilot tests:

1. Appropriateness to the Target Population
2. Language, Cultural Competence, Neutrality, Evidence of Bias
3. Sensitivity to Change
4. Linguistic Adaptability/Availability
5. Cost
6. Usefulness to Clinicians
7. Clinician Rating of Instruments
8. Family Rating of Instruments
9. Usefulness to Other Agencies
10. Ease of Administration - Clinician
11. Time to Administer

12. Age/Gender - Sample Appropriateness

13. Flexibility of MIS /Computer Formats

14. Amount of Training Required

15. Readability Analysis

16. Reliability

Test-retest

Internal consistency

Inter-rater

17. Validity

Content

Construct

18. Usefulness for Quality Management

19. Rate of Follow-up Data

20. Translations Available for Pilot

Uniform Answer sheet

Translated Questions

Additionally, the Department of Mental Health is interested in developing norms at the State level.

## VI. Other Issues

1. It would be nice to do a focused study on attrition. Additionally, though not as important, it would also be good to focus on a 'not-met needs-assessment'.
2. We will not solve all of the problems or issues, but what we can look at developing a system that is simpler and more cost-effective.
3. We need to develop processes that integrate better into a county's quality management process.

## VII. Next Meeting

The next Task Force for Developing New Children's Instruments meeting will be

November 18, 1999, 10:00 AM to 3:00 PM, at the Host Airport Hotel in Sacramento, California.